SECRETARY OF STATE

State Capitol, Suite 204 500 East Capitol Avenue Pierre, South Dakota 57501-5070 sdsos@state.sd.us www.sdsos.gov





Chris Nelson Secretary of State

> Chad Heinrich Deputy

S.D. SEC. OF STATE

DATE: December 29, 2004

TO: Connie Rae Kandaras

FROM: Chris Nelson, Secretary of State

RE: Report of receipts and expenditures

As a former candidate, you must file a campaign finance report. This report should include all receipts and expenditures since the ending date of your last report which was filed 11/13/2002. Your beginning balance on this report should be \$0 which was the ending balance on your last report.

If you had outstanding obligations listed on your last report these must also be accounted for. Your outstanding obligations were reported as: Unpaid obligation of \$56.00 for advertising

This report is due in this office by January 3, 2005. I apologize for not having sent this information to you sooner.

If you want a written acknowledgment of receipt of your report, please send a stamped, selfaddressed envelope.

If you have any questions about completing this report, please refer to the Campaign Finance Reporting Guidelines you received as a candidate or call Kea Warne in my office at 773-3537.

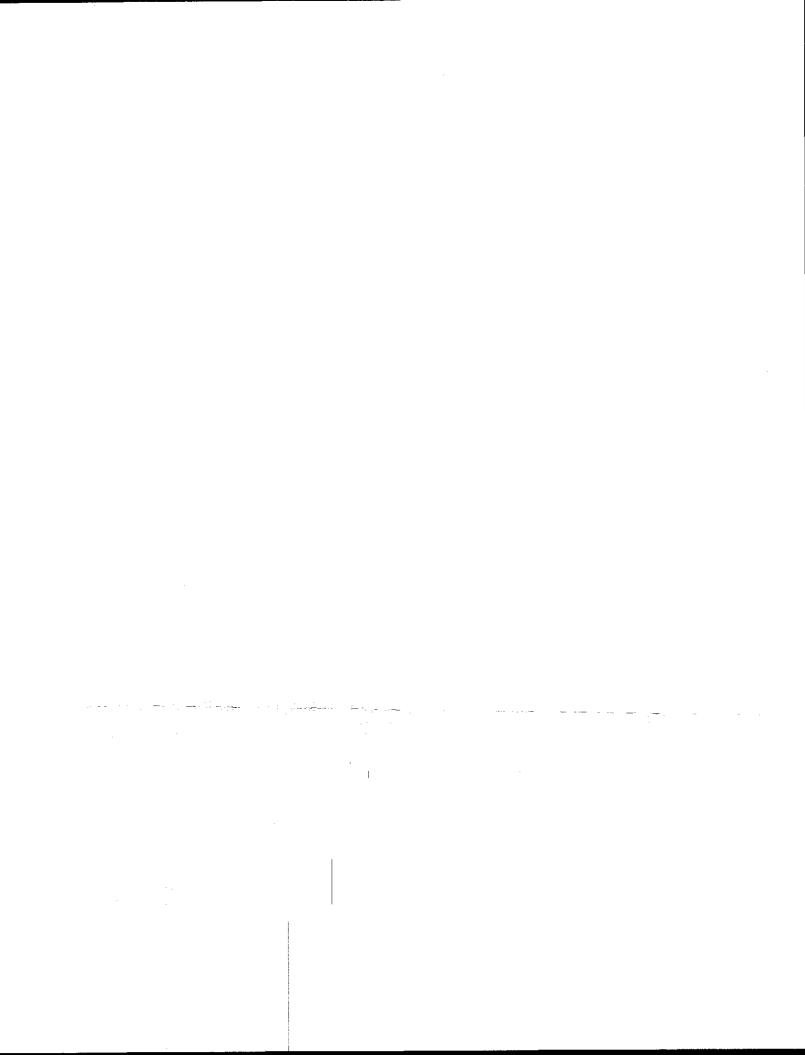
paid the 56.00 for advertize 142elf xlam nat running of office. xl have had no do 11/13/2002 1 Filed this 31 they

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SECRETARY OF STATE

Administration (605) 773-3537 Fax (605) 773-6580

Corporations (605) 773-4845 Fax (605) 773-4550 Uniform Commercial Code (605) 773-4422 Fax (605) 773-4550



State of South Dakota

Candidate's or Committee's Report of Receipts and Expenditures CEIVED

Candidates and candidate committees: File in the office wi PACs, political party, ballot question and other committees:	File with Elections Department, Secretary of State's Office; D. SEC. OF STATE
See pages 9 & 10 of the Guideline Book for	specific instructions on completing this report.
Name of Candidate or Committee	
Complete Mailing Address	
	Daytime Phone Number
If you are a candidate, what office are you se	æking?
	ate which measure(s) the committee was involved with during the
Type of Report (See pages 4 & 5 of Guidelin	ne Book)
For Reporting Period Ending (See pages 4 &	5 of Guideline Book)
The following verification must be completed VERIFICATION OF PERSON MAKING R	ed before submitting report.
this report and to the best of my knowledge a	(print name legibly), certify that I have examined and belief it is true, correct and complete.
Date: Dec 31/04	Candidate Signature or Signature of Committee Treasurer or Chairperson

Revised July 2001

Name of Candidate or Com	mittee		
For the reporting period end	ling		
combine all contributions of \$100 or contributions on their respective line year from an individual or political; amount, name, address and place of	Schedule A – Direct Call direct contributions. You must keep r less from individuals and the same files below and on the next page. Any coparty and all contributions from PAC' employment (if applicable) of the cortuplicated if you need more space, or you are the contributions from the cortuplicated if you need more space, or you are the contributions from the cortuplicated if you need more space, or you are the contributions from the cortuplicated if you need more space, or you are the contributions from the cortuplicated if you need more space.	o a record of all contributors, but for rom political parties and enter these ontribution of more than \$100 or agg s must be entered as a separate item attributor. Each type of contributor h	sums as unitemized pregate during a calendar (itemized) giving the as their own section for
Unitemized Contributions from I	ndividuals:		*\$
Itemized Contributions from Indi			
Name	Residence Address	Place of Employment (Name of Employer)	
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Total of Itemized Contributions for	om Individuals:		*\$ <u> </u>

Name of Candidate or Committee		
For the reporting period ending		
Schedule A – I	Direct Contributions (continued)	
Unitemized Contributions from Political Parties:		*\$
Itemized Contributions from Political Parties		
Party Name	Address	
		\$
		\$
Total of Itemized Contributions from Political Part	des:	*\$
Itemized Contributions from Political Action Comp	nittees (PAC's) - All contributions from PAC's must	be itemized.
PAC Name	Address	7 .
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Total of Itemized Contributions from Political Acti	on Committe es :	*\$
Total of All Direct Contributions (Sum of all lines	with an *)	\$

Name of Candidate or	Committee:		
For the reporting perio	d ending:		
List on this schedule fund-rais contributor gives more than \$ contributions must be itemize	sing events held to 100 or their contri	e B - Fund-Raising Events Proceeds or raise money for the candidate and the net proceeds deribution results in their aggregate being more than \$100 is	ived from each event. If a n the calendar year, those
Type or Name of Event	<u></u>		Net Proceeds
			
			
Fotal:			
	` '	edule C - In Kind Contributions	
Nature of Non-Cash C	ontribution	Name, Residence Address & Place of Employment	Estimated Value
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		X	
Fotal:			· · · _ · · · · · · · · · · · · · · · ·
	/	Schedule D - Other Income	en Today kode
Jse this schedule to report any		earned or other income which is not a direct contribution	n.
Source of Income			Amount
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Exp	enses	Contributions Made to Candidates and Con	e listed individual nmittees
tem	Amount	Name of Candidate or Committee	Amount
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Name of Candidate or Committee:_

	Schedule F - Debts and Obligations	
is schedule is to report all of the been contracted but not bille	he candidate's campaign obligations which are unpaid at the end of t d, estimate the amount of the obligation.	he reporting peri
ved to:	Purpose:	Amount
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